



The Centers for Medicare and Medicaid Services:
SUPPORT Act Section 1003 Grant

SUD Technical Assistance Webinar Series

VIRGINIA MEDICAID: 10— SCREENING & ASSESSMENT

PAUL BRASLER, LCSW

JANUARY 5, 2021

Department of Medical Assistance Services

Welcome and Meeting Information

- WebEx participants are muted
 - Please use Q&A feature for questions
 - Please use chat feature for technical issues
- Focus of today's presentation is practice-based – please Contact SUD@dmass.virginia.gov with technical or billing questions
- SUPPORT 101 Webinar Series slide decks are available on the DMAS ARTS website – www.dmass.virginia.gov/#/ARTS
- We are unable to offer CEUs for this webinar series

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- **Last revision: December 22, 2020**

DISCLAIMER

The Virginia Department of Medical Assistance Services (DMAS) SUPPORT Act Grant projects are supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$4,836,765 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

Pre-Webinar Survey

In conjunction with the VCU Wright Center and the VCU Institute for Drug and Alcohol Studies, we are conducting a survey for research purposes in order to gain a better understanding of provider impressions and experiences of individuals with substance use disorders (SUDs), medication assisted treatment, and Medicaid. The information obtained will be used to assist in identifying potential barriers to treating these individuals.

If you haven't already, before the start of today's webinar please use the link in the chat to access a brief (less than 5 minutes) electronic survey. <https://redcap.vcu.edu/surveys/?s=C8HERT9N3P>

- Your name and contact information will not be linked to your survey responses.
- Your decision to complete the survey is completely voluntary.
- When exiting this webinar, you will be directed to complete the survey again as a post-training assessment. Again, it will be your decision to complete the follow-up survey or not.
- You are able to complete one pre and post survey per each webinar topic you attend.
- Your completion of the pre-webinar survey will enter you into a drawing to win a \$50 Amazon gift card as well as participation in the post-webinar survey will enter you into another \$50 Amazon gift card drawing!

If you have any questions about the current study, please feel free to contact, Dr. Lori Keyser-Marcus at Lori.keysermarcus@vcuhealth.org or (804) 828-4164. Thank you for helping us with this effort!

Naloxone Resources

- Get trained now on naloxone distribution
 - REVIVE! Online training provided by DBHDS every Wednesday
 - <http://dbhds.virginia.gov/behavioral-health/substance-abuse-services/revive/lay-rescuer-training>
 - <https://getnaloxonenow.org/>
 - Register and enter your zip code to access free online training
- Medicaid provides naloxone to members at no cost and without prior authorization!
- Call your pharmacy before you go to pick it up!
- Getting naloxone via mail
 - Contact the Chris Atwood Foundation
 - <https://thecaf.acemlnb.com/lt.php?s=e522cf8b34e867e626ba19d229bbb1b0&i=96A94A1A422>
 - Available only to Virginia residents, intramuscular administration

Website Update

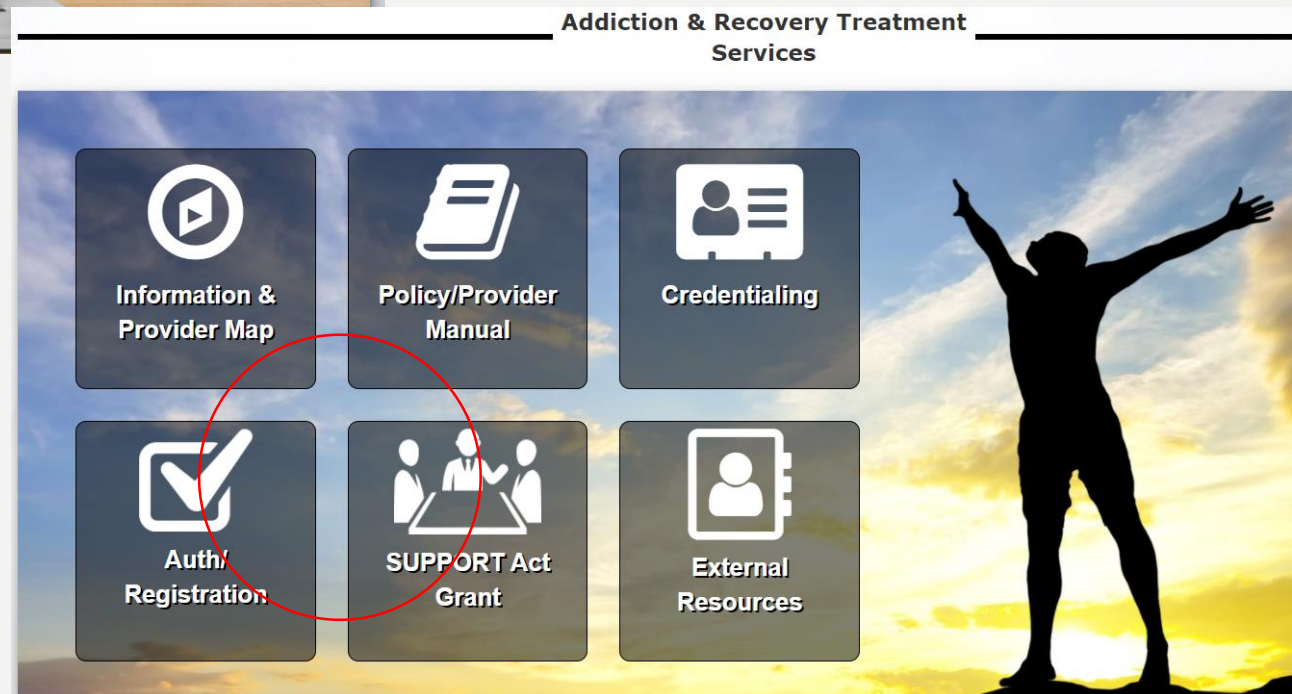


DMAS Home Page:

<https://www.dmas.virginia.gov/#/index>

ARTS Home Page:

<https://www.dmas.virginia.gov/#/arts>



SUPPORT Act Grant Website -

<https://www.dmas.virginia.gov/#/artssupport>

SUPPORT Act Grant Overview

The Virginia Department of Medical Assistance Services (DMAS) was awarded the Centers for Medicare & Medicaid Services SUPPORT Act Section 1003 Grant in September 2019. The purpose of this grant is to decrease substance use disorder (SUD) provider workforce barriers and increase the treatment capacity of providers participating under the state Medicaid program to provide SUD treatment or recovery services.

Grant Goals

- Learn from Addiction and Recovery Treatment Services (ARTS) program
- Decrease barriers to enter workforce
- Focus on specific subpopulations: justice-involved members and pregnant and parenting members
- Maintain our core values: person-centered, strengths-based, recovery-oriented

Grant Components

- Needs assessment
- Strengths-based assessment
- Activities to increase provider capacity

Period of Performance

September 2019 - September 2021

Grant Email

SUPPORTgrant@dmas.virginia.gov

Information

- Virginia Medicaid Agency Awarded Federal Grant to Combat Opioid Crisis [pdf]
- Summary of Virginia's SUPPORT Act Goals and Activities [pdf]
- Accessibility Notice [pdf]

Resources

- UCSF National Clinician Consultation Center Warmline [pdf]
- COVID-19 Resource Library [pdf]

Monthly Stakeholder Meetings

- October 2020 [pdf]
- September 2020 [pdf]
- August 2020 [pdf]
- July 2020 [pdf]
- June 2020 [pdf]
- May 2020 [pdf]
- April 2020 [pdf]
- March 2020 [pdf]

Fall 2020 Webinars

- Video: How to Set Up a Preferred OBOT Webinar
- Slide Deck: How to Set Up a Preferred OBOT Webinar [pdf]
- Video: Hepatitis C Treatment Webinar
- Slide Deck: Hepatitis C Treatment Webinar [pdf]
- Fall 2020 Webinar Schedule [pdf]

SUPPORT 101 Webinars

- Session Twenty: "Novel" Substances [pdf]
- Session Nineteen: SUD & LGBTQ+ Clients [pdf]
- Session Eighteen: SUD & Legally-Involved Clients [pdf]
- Session Seventeen: Alcohol & Cannabis [pdf]
- Session Sixteen: SUD and The Family [pdf]
- Session Fifteen: SUD & Cultural Humility [pdf]
- Session Fourteen: Addressing SUD Stigma and Building Provider Empathy [pdf]
- Session Thirteen: Group Therapy Skills [pdf]
- Session Twelve: Individual Therapy Skills [pdf]
- Session Eleven: Co-Occurring Disorders [pdf]
- Session Ten: Screening and Assessment for SUD [pdf]
- Session Nine: SUD Treatment Introduction [pdf]
- Session Eight: Opioids and Stimulants Overview [pdf]
- Session Seven: Substance Use Disorders (SUD) Overview [pdf]
- Session Six: Providing Trauma-Informed Care [pdf]
- Session Five: Withdrawal Syndromes [pdf]
- Session Four: Crisis and Deescalation [pdf]
- Session Three: Suicide Assessment and Screening [pdf]
- Session Two: Client Engagement [pdf]
- Session One: Tele-Behavioral Health in the time of COVID-19 [pdf]
- Dr. Mishka Terplan - Pregnant and Postpartum Care for SUD during COVID-19 [pdf]
- Dr. Mishka Terplan - HIV and HCV Updates [pdf]
- Dr. Mishka Terplan - Chronic Pain and Addiction Treatment [pdf]

HAMILTON RELAY TRANSCRIBER (CC)

- The grant team has been working closely with Montserrat Serra, DMAS Civil Rights Coordinator, to provide closed captioning for our webinars and stakeholder meetings.
- We were now able to provide closed captioning through Hamilton Relay for all upcoming webinars.
- The link for transcription can be found on the Winter Webinar schedule and will be sent in the chat.

Today's Presenter

Paul Brasler, MA, MSW, LCSW
Behavioral Health Addiction Specialist, DMAS

Paul Brasler is the Behavioral Health Addictions Specialist with the SUPPORT Grant Team at DMAS. Prior to working for DMAS, Paul was the Head of Behavioral Health at Daily Planet Health Services, a Federally-Qualified Health Center in Richmond, Virginia. Paul also works in Emergency Departments conducting Psychiatric and Substance Use Disorder assessments, and in a small medical practice. He has worked in community mental health and in residential treatment settings. He is a national presenter for PESI, specializing in training for clinicians working with high risk clients. His first book, *High Risk Clients: Evidence-based Assessment & Clinical Tools to Recognize and Effectively Respond to Mental Health Crises* was published in 2019.



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ARTS Billing Questions

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LANGUAGE

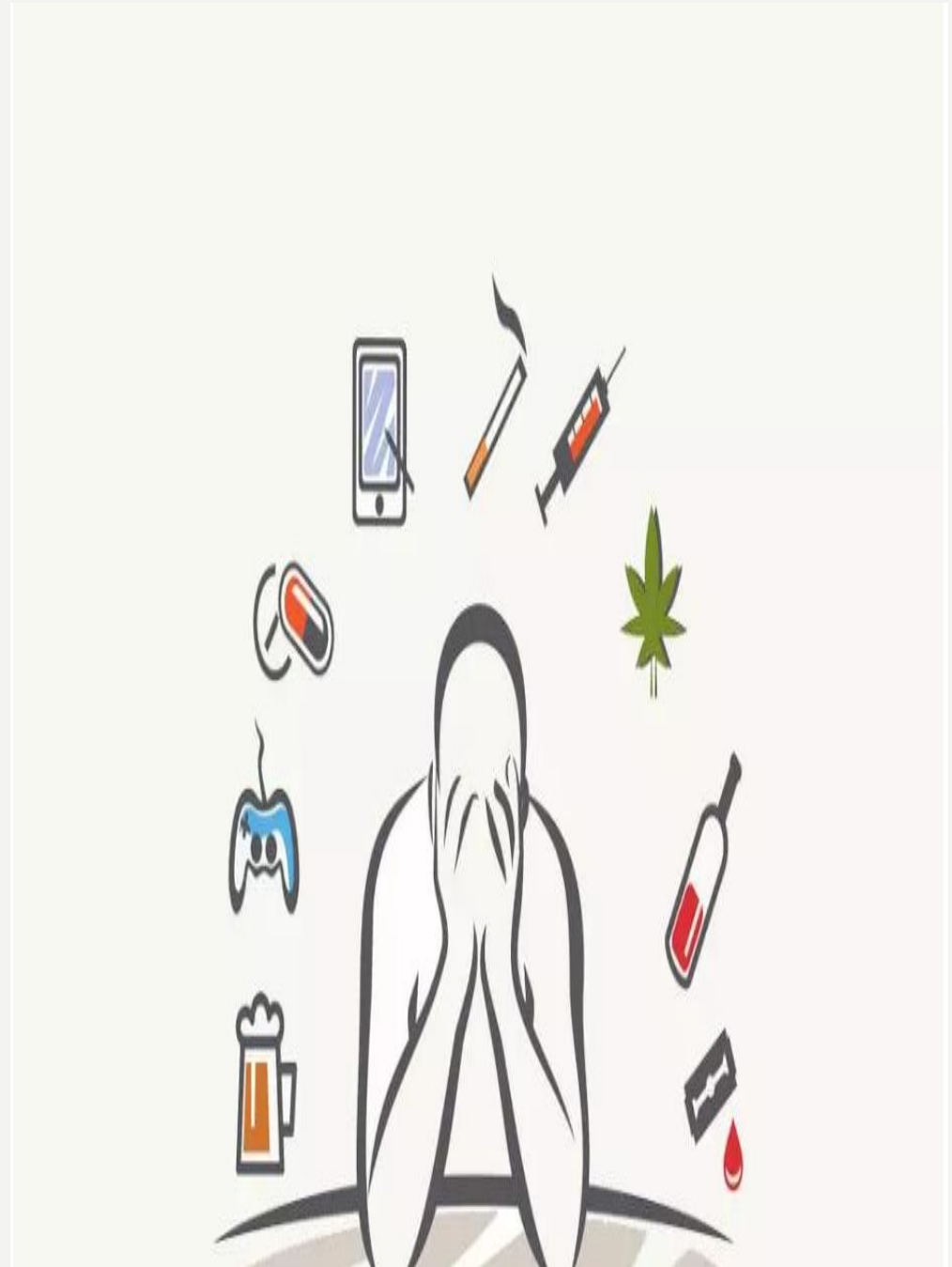
- I believe in using “Person-Centered language” as much as possible, thus:
 - Not “Addict,” but **Person who uses drugs** or **Person with a substance use/behavioral disorder**
 - Not “Addiction,” but **Substance Use Disorder (SUD)**
 - Not “Clean,” but **In Recovery** or **Testing Negative**
 - Not “Dirty,” but **Testing Positive**
 - Not “Relapse,” but **Return to Use**
- At the same time, out of habit, I may inadvertently use some of these older words/terminology—and some of the sources I quote use older terms
- Be cognizant that some people may describe themselves as “alcoholics,” “junkies,” etc., or may refer to “clean time” as how long they have been in recovery (and we need to respect this)

TWO IMPORTANT THINGS YOU MUST DO BEFORE WORKING WITH ANY CLIENT

- I. **You must care!** You must like people in general regardless of their circumstances, behaviors or opinions of you
- II. **Find something to like** in the person you are working with—connect with them on a human level



NO ONE
sets out to
become
addicted to
chemicals or
behaviors



ADDICTION DEFINED: ASAM

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

Adopted by the ASAM Board of Directors September 15, 2019

SCREENING BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT)

- **Screening:** A healthcare professional assesses a member for risky substance use behaviors using standardized screening tools
 - This can occur in any healthcare setting
 - Positive screening results can indicate the need for further assessment or a brief intervention by a professional
- **Brief Intervention:** A healthcare professional engages a member showing risky substance use behaviors in a short conversation, providing feedback and advice
- **Referral to Treatment:** A healthcare professional provides a referral to brief therapy or additional treatment to members who screen in need of additional services

SUBSTANCE USE SCREENING TOOLS

The **CAGE** questionnaire was developed by Dr. John Ewing:

1. Have you ever felt you should **Cut-Down** on your drinking?
 2. Have people **Annoyed** you by criticizing your drinking?
 3. Have you ever felt **Guilty** about your drinking?
 4. Have you ever had a drink first thing in the morning to steady your nerves or to get over a hangover? (**Eye-Opener**)
- A 'yes' answer is scored as a 1 and a 'no' answer is scored as a 0
 - A score of 2 or greater is considered clinically significant

SUBSTANCE USE SCREENING TOOLS

Several screening tools, based on the CAGE, are for screening pregnant women

TWEAK

(**T**olerance, **W**orried, **E**ye-opener, **A**mnnesia, **K**-Cut Down)

T-ACE

(**T**olerance, **A**nnoyance, **C**ut Down, **E**ye Opener)

- Both tools assign a greater weight to a positive tolerance (2 points) score
- A total of score of 2 or more indicates the need for additional assessment

SUBSTANCE USE SCREENING TOOLS

- Substance Abuse Subtle Screening Inventory (**SASSI**): Used to help determine whether a person requires a more in-depth assessment (adult and adolescent versions)
 - The SASSI reportedly helps identify whether a person has a “high probability of having a substance use disorder” even if the client is less than forthcoming
- Alcohol Use Disorders Information Test (**AUDIT-C**): Used to screen for alcohol misuse
- Drug Abuse Screening Test (**DAST-10**): Ten yes/no questions; can be self-administered
- Michigan Alcohol Screening Test (**MAST**): 24 yes/no questions



Comprehensive assessment of the patient is critical for treatment planning



However, completion of all assessments should not delay or preclude initiating pharmacotherapy for opioid use disorder



If not completed before initiating treatment, assessments should be completed soon thereafter

ASAM ASSESSMENT RECOMMENDATIONS

(ASAM, 2020, P. 26)

ASSESSMENT OVERVIEW

- All clients should receive a comprehensive behavioral health assessment as part of the treatment process, regardless of the service setting
- Assessing clients includes **four primary areas** (plus an additional three areas if time permits) of focus:

A. Suicide/Lethality Assessment

B. Substance Use Assessment

C. Mental Status Exam

D. Basic Trauma Assessment

E. Medical & Mental Health History

F. Family & Social History

G. Physical Examination (In a medical setting)

ASSESSMENT OVERVIEW

Consider the context and setting of the assessment:

- In a medical setting, I recommend a concurrent medical assessment along with the mental health assessment—ask yourself: **“What could kill the patient first?”**
- How is the assessment room or interview space set up?
- **How safe is the overall environment?**
- What about distractions, intrusions or avoidable interruptions?

What are some other ways to make the client, particularly if they are anxious, traumatized or confused, feel safe?

CONNECTING DURING THE INITIAL MEETING

People want to talk and tell their story, so give them that chance:

- “**Why are you here?**” “What’s going on?” “What do you hope to get out of coming here?”
- “How long has this been a problem?”
- “Has anything helped in the past?”
- “Why are you looking for help now?”

Ask simple opening questions and then provide time for the client to talk with as few interruptions as possible

SUICIDE/LETHALITY ASSESSMENT IN THE CONTEXT OF A SUBSTANCE USE ASSESSMENT

- Given that substance use is a significant risk-factor for suicidal behaviors, it is imperative that a suicide assessment be a part of a SUD assessment
- An excellent suicide assessment tool is the Columbia Suicide Severity Index
 - Or you can use the one listed in the following slides
- If you use any type of screening/assessment tool, do not rely solely on any numeric score to make clinical decisions
- I strongly recommend that all providers receive training specific to suicide assessment and intervention

SUICIDE ASSESSMENT

- **Are you having thoughts of killing or hurting yourself?**
 - Another way to ask: *On a scale of 1 to 10 how would you rate your desire to kill yourself?*
 - (If no, have you had thoughts of killing or hurting yourself or wished you were dead in the past two weeks?)
 - If you have thoughts of hurting yourself, or have tried to hurt yourself, do you want to hurt yourself without killing yourself?
- In what way(s) have you thought about killing or hurting yourself?
- Do you have access to the things you would need to kill yourself?

SUICIDE ASSESSMENT

- What has happened that you are thinking of killing yourself?
- How long have you been feeling this way?
- What has kept you from killing yourself even though you feel like killing yourself?
- **Have you ever tried to kill yourself in the past? What did you do?**
 - What happened as a result of this attempt?

SUICIDE ASSESSMENT

- Have you ever been admitted to a psychiatric hospital?
 - (If yes, for what reason?)
 - Did you admit yourself or were you admitted involuntarily?
 - (If no, have you ever been assessed for suicide in an emergency room?)
- Do you see a psychiatrist or counselor in the community? Have you seen either in the past?
 - Have you found your work with mental health professionals to be helpful? What has worked? What hasn't worked?
- **Has anyone in your family ever died by suicide?**

SUICIDE ASSESSMENT

- What do you think happens to us when we die?
- How do you think the people who care about you will feel, or how will they react, if you kill yourself?
- Do you have access to a gun, knives or medications?
 - (Note: I recommend asking this question even if the person has thoughts of killing themselves by other methods [e.g., jumping or hanging] to try to get a better picture of their environment and access to other means)
- Who else knows you feel this way?

LETHALITY ASSESSMENT

- **Are you having thoughts of killing or hurting anyone else?**
 - (If no, have you had any thoughts of killing or hurting someone else in the past two weeks?)
- In what way(s) have you thought about killing or hurting someone else?
- Why do you want to kill this person?
- How long have you been feeling this way?
- What has kept you from hurting this other person even though you feel this way?
- Do you have a history of hurting people?
 - What happened as a result of this?(e.g., Have you ever been charged with assault or malicious wounding?)

DUTY TO PROTECT

- As noted in the 1976 California State Supreme Court ruling; ***Tarasoff vs. Regents of the University of California***, mental health professionals have a duty to protect individuals who have been specifically threatened with death or bodily harm by their clients
 - If the patient makes a threat of violence or homicidal ideation toward a specific individual, then the clinician is required to make every reasonable effort to contact the threatened individual and warn them of the client's threat. I also contact the police
 - Care must be taken to divulge the minimal amount of information necessary to the threatened person, to protect the rights of the client. No diagnostic, medical, substance abuse, or any other patient information, other than the name of the individual who made the threat, should be divulged to the intended victim and law enforcement
 - The counselor should then document this contact in the client's medical record

CLINICAL RESPONSES TO THE SUICIDE/LETHALITY ASSESSMENT

- If during the assessment, it is evident that the client clearly intends to harm themselves or others, law enforcement and/or emergency medical services should be summoned **immediately**
- An indicator of higher-risk is the level of detail in the planning or attempt of suicide or violence

EMERGENCY



ASAM CRITERIA ASSESSMENT DIMENSIONS (HERRON & BRENNAN, 2015, P. 174)

Assessment Dimensions	Assessment & Treatment Planning Focus
Acute intoxication and/or withdrawal potential	Assessment for intoxication or withdrawal management. Withdrawal management in a variety of levels of care and preparation for continued addiction services
Biomedical conditions and complications	Assess and treat co-occurring physical health conditions or complications. Treatment provided within the level of care or through coordination or physical health services

ASAM CRITERIA ASSESSMENT DIMENSIONS (HERRON & BRENNAN, 2015, P. 174)

Assessment Dimensions	Assessment & Treatment Planning Focus
Emotional, behavioral, or cognitive conditions and complications	Assess and treat co-occurring diagnostic or sub-diagnostic mental health conditions or complications. Treatment provided within the level of care or through coordination of mental health services
Readiness to change	Assess stage of readiness to change. If not ready to commit to full recovery, engage into treatment using motivational enhancement strategies. If ready for recovery, consolidate and expand action for change

ASAM CRITERIA ASSESSMENT DIMENSIONS (HERRON & BRENNAN, 2015, P. 174)

Assessment Dimensions	Assessment & Treatment Planning Focus
Relapse, continued use, or continued problem potential	Assess readiness for relapse prevention services and teach where appropriate. Identify previous periods of sobriety or wellness and what worked to achieve this. If still at early stages of change, focus on raising consciousness of consequences or continued use or continued problems as part of motivational enhancement strategies
Recovery environment	Assess need for specific individualized family or significant others, housing, financial, vocational, educational, legal, transportation, childcare services. Identify any supports and assets in any or all of the areas

SUBSTANCE USE ASSESSMENT

Substance Use History:

- A. Substances** used (including tobacco, alcohol and caffeine) [“Tell me about your drug use”]
- B. Last use** (for each drug) [“When did you last use?”]
- C. Current drug** use [“What is your drug use like during an average week?”]
- D. Routes** of use (for each substance)
- E. Durations** of use (for each substance) [“How long have you been using?”]
- F. Amounts** of use (for each substance) [“How much do you use?”]

SUBSTANCE USE ASSESSMENT

G. Tolerance (having to use more of a chemical to get the same reaction as before)

H. Withdrawal symptoms

I. Impact on education, job, relationships, health, legal problems

J. Past treatment; periods of sobriety or recovery

K. Motivation for treatment

L. Family history of substance use

MENTAL STATUS EXAM

EXAMINES THE FOLLOWING

- Appearance
- Attitude
 - Rapport
- Behaviors
- Mood
- Affect
 - Range of expression
- Speech
 - Volume
 - Rate
- Thought process
- Thought content
 - Delusions
 - Hallucinations
 - Obsessions
- Cognition
 - Orientation
 - Memory
- Reliability
- Insight
- Judgement

BASIC TRAUMA ASSESSMENT

Primary Care PTSD Screen: (Prins, et al., 2003)

“Have you ever had an experience in your life that was so frightening, horrible, or upsetting that you:”

- “Had nightmares about it or thought about it when you didn’t want to?”
- “Tried hard not to think about it or went out of your way to avoid situations that remind you of it?”
- “Were constantly on guard, watchful, or easily startled?”
- “Felt numb or detached from others, activities, or your surroundings?”

MENTAL HEALTH HISTORY

- **Symptoms:**
 - Duration
 - Intensity
- **Treatment:**
 - Type
 - Duration
 - Effectiveness
- **Medications:**
 - Side-effects
- **Family history** of mental illness, including suicides, suicide attempts and psychiatric hospitalizations

BASIC NEEDS

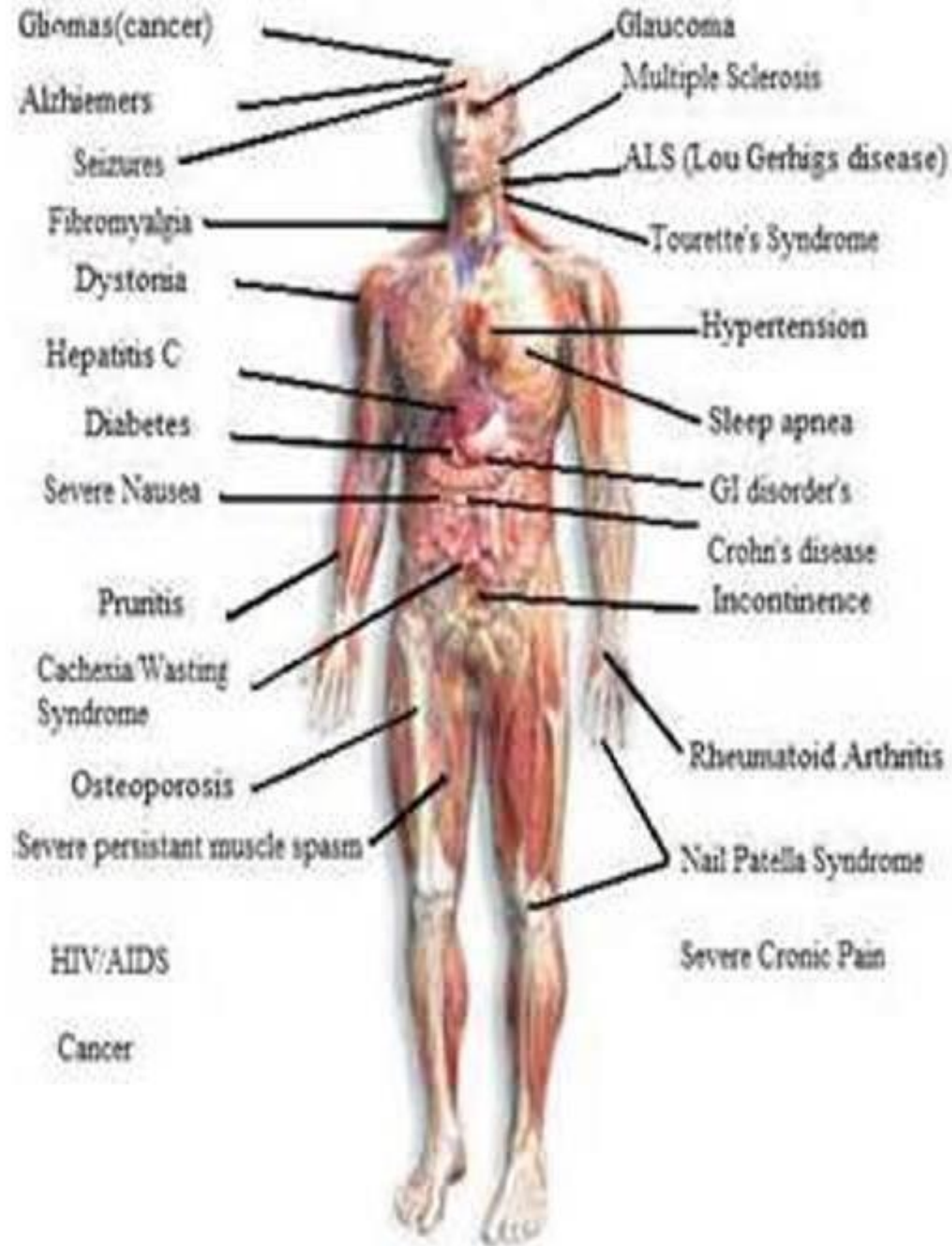
Appetite:

- A decrease in appetite is a common symptom of depression
- “When is the last time you had something to eat?”
- “Have there been any changes to your appetite recently?”

Sleep:

- Sleep problems often precipitate many psychiatric problems
- Insomnia or hypersomnia are also common symptoms for a variety of mental health problems
- “Have there been any changes to your sleep recently?”

Housing



**“WHAT
WILL KILL
THE
PATIENT
FIRST?”**

**ALWAYS
RULE OUT
MEDICAL
PROBLEMS**

SIGNS & SYMPTOMS

Signs and symptoms are often used interchangeably in clinical terminology; however, they have specific meanings:

- **Signs** can be detected by someone other than the patient (e.g., elevated heart rate or blood pressure)
- **Symptoms** are experienced and reported by the patient (e.g., depression, anxiety or pain)

Distinguishing between medical and mental health problems, or specifically, ruling out a medical problem, requires medical testing and attention to the symptom profile—obtain a medical assessment

MEDICAL ASSESSMENT

- **Vital signs:**
 - Body temperature
 - Blood oxygen level
 - Heart rate
 - Respirations
 - Blood pressure
- **Blood work:**
 - Complete blood count
 - Blood chemistry
 - Metabolic panel
 - Blood alcohol level
 - Therapeutic medication blood levels
- **Urine Testing:**
 - Urinalysis
 - Urine drug screen
- **Pregnancy Test**
- **Electrocardiogram (EKG/ECG)**
- **Medical imaging:**
 - X-ray
 - C-T scans
- **Physical exam by a medical provider**

MEDICAL PROBLEMS THAT MAY APPEAR AS MENTAL HEALTH OR SUD ISSUES

- Delirium
- Hypoxia
- Blood sugar levels too high or too low
- Urinary Tract Infections
- Stevens-Johnson Syndrome
- Medication allergies
- Stroke
- Neuroleptic Malignant Syndrome
- Cancer
- Brain bleeds
- Medication reactions
- Thyroid levels too high or too low
- Traumatic Brain Injury
- Environmental poisonings
- Chronic illnesses (Multiple Sclerosis, H.I.V./A.I.D.S.)

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REFERENCES

REFERENCES

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